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RECORDING REQUESTED BY:
Cow County Title Co

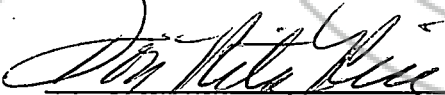
WHEN RECORDED AND
MAIL TAX BILLS TO:
Lisa Clevenger
2820 Chaucer St
Las Vegas NV 89135

OFFICIAL RECORD
AMY ELMER, RECORDER


AFFIDAVIT OF SUCCESSOR TRUSTEE

I, the undersigned, hereby affirm that this document submitted for recording contains a social security number of a person as required by law: NRS 40.525.5

(Law)



Signature Don-Rita Rice



Title agent

This page is added to provide information required by NRS 111.312, Sections 1-2.

AFFIDAVIT OF SUCCESSOR TRUSTEE

AFFIANT, being first duly sworn, deposes and says:

1. That HAROLD ALTMAN and JUNBETH ALTMAN created the H & J ALTMAN FAMILY TRUST on August 26, 1999, wherein HAROLD ALTMAN and JUNBETH ALTMAN were designated as the original Trustees
2. That HAROLD ALTMAN died on the 11th day of March, 2016, and a certified copy of the Death Certificate is attached hereto and by this reference incorporated herein
3. That JUNBETH ALTMAN died on the 1st day of February, 2004, and a certified copy of the Death Certificate is attached hereto and by this reference incorporated herein
4. That MITCHELL S. ALTMAN, MICHELLE S. BENEDICT, LISA CLEVINGER AND RICHARD C. ALTMAN are named in said Trust as the Successor Co-Trustees of the Trust; and they hereby file this certificate and accept the Trusteeship of the H & J ALTMAN FAMILY TRUST original dated August 26, 1999

Dated this 30th day of August, 2019

Mitchell S. Altman
MITCHELL S. ALTMAN

Michelle S. Benedict
MICHELLE S. BENEDICT

Lisa Clevenger
LISA CLEVINGER

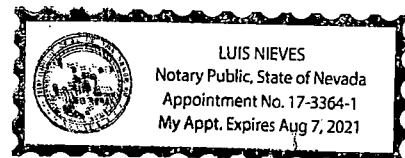
Richard C. Altman
RICHARD C. ALTMAN

STATE OF Nevada

COUNTY OF Clark

On August 30th 2019, personally appeared before me, a Notary Public, MITCHELL S. ALTMAN, personally known to me (or proved to me on the basis of satisfactory evidence) to the person whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his authorized capacity, and that by his signature on the instrument, the person, or the entity upon behalf of which the person acted, executed the instrument.

[Signature]
Notary Public



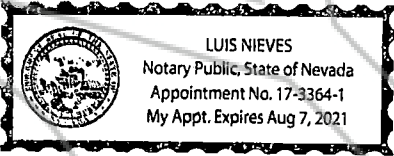
STATE OF Nevada

COUNTY OF Clark

On August 30th 2019, personally appeared before me, a Notary Public, MICHELLE S. BENEDICT, personally known to me (or proved to me on the basis of satisfactory evidence) to the person whose name is subscribed to the within instrument and acknowledged to me that she executed the same in her authorized capacity, and that by her signature on the instrument, the person, or the entity upon behalf of which the person acted, executed the instrument.



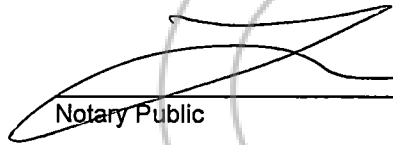
Notary Public



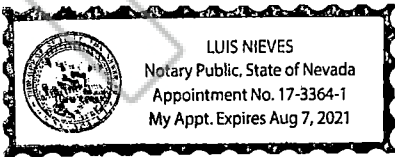
STATE OF Nevada

COUNTY OF Clark

On August 30th 2019, personally appeared before me, a Notary Public, LISA CLEVINGER, personally known to me (or proved to me on the basis of satisfactory evidence) to the person whose name is subscribed to the within instrument and acknowledged to me that she executed the same in her authorized capacity, and that by her signature on the instrument, the person, or the entity upon behalf of which the person acted, executed the instrument.



Notary Public



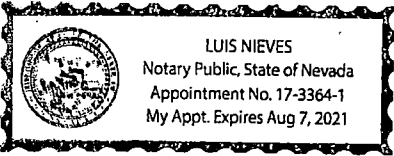
STATE OF Nevada

COUNTY OF Clark

On Aug 30th 2019, personally appeared before me, a Notary Public, RICHARD C. ALTMAN, personally known to me (or proved to me on the basis of satisfactory evidence) to the person whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his authorized capacity, and that by his signature on the instrument, the person, or the entity upon behalf of which the person acted, executed the instrument.



Notary Public



STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF PUBLIC AND BEHAVIORAL HEALTH VITAL STATISTICS

CERTIFICATE OF DEATH

CASE FILE NO. 3883443

2016004342

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

DISPOSITION

TRADE CALL

CERTIFIER

REGISTRAR

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Harold Jack ALTMAN			2. DATE OF DEATH (Mo/Day/Year) March 11, 2016		3a. COUNTY OF DEATH Clark		
3b. CITY, TOWN, OR LOCATION OF DEATH Las Vegas		3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street address) Nathan Adelson Hospice			3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient(Specify) Inpatient		
4. SEX Male		5. RACE White (Specify)		6. Hispanic Origin? Specify No. - Non-Hispanic		7a. AGE-Last birthday (Years) 84	
7b. UNDER 1 YEAR - MOS		7c. UNDER 1 DAY - HOURS		7d. UNDER 1 DAY - MINS		8. DATE OF BIRTH (Mo/Day/Yr) April 04, 1931	
9a. STATE OF BIRTH (If not US/CA, name country) Michigan		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 12		11. MARITAL STATUS (Specify) Widowed	
12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)		13. SOCIAL SECURITY NUMBER		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY Construction	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Clark		15c. CITY, TOWN OR LOCATION Las Vegas		15d. STREET AND NUMBER 6650 W. Flamingo Rd #244	
15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER/PARENT - NAME (First Middle Last Suffix) Joseph ALTMAN			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Rose SACHS		
18a. INFORMANT - NAME (Type or Print) Lisa CLEVENGER			18b. MAILING ADDRESS - (Street or R.F.D. No., City or Town, State, Zip) 6904 Round Tree Dr. #D Las Vegas, Nevada 89128				
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b. CEMETERY OR CREMATORY - NAME King David Memorial Cemetery			19c. LOCATION City or Town State Las Vegas/Nevada 89120		
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JAY H POSTER		20b. FUNERAL DIRECTOR LICENSE NUMBER 619		20c. NAME AND ADDRESS OF FACILITY King David Memorial Chapel 2697 E. Eldorado Ln Las Vegas NV 89120			
20a. SIGNATURE AUTHENTICATED							
TRADE CALL - NAME AND ADDRESS							
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) SIGNATURE AUTHENTICATED JONATHAN W VON KOENIG DO		21b. DATE SIGNED (Mo/Day/Yr) March 13, 2016		21c. HOUR OF DEATH 14:30		22a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH		22d. PRONOUNCED DEAD (Mo/Day/Yr)	
22e. PRONOUNCED DEAD AT (Hour)		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Jonathan W Von Koenig DO 4141 Swenson Street Las Vegas, NV 89119		23b. LICENSE NUMBER DO1963			
24a. REGISTRAR (Signature) SUSAN ZANNIS		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) March 14, 2016		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
24a. SIGNATURE AUTHENTICATED		25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c). Interval between onset and death					
PART I (a) End Stage Debility		DUE TO, OR AS A CONSEQUENCE OF: Interval between onset and death					
(b) Dysphagia		DUE TO, OR AS A CONSEQUENCE OF: Interval between onset and death					
(c) Metastatic Prostate Carcinoma		DUE TO, OR AS A CONSEQUENCE OF: Interval between onset and death					
(d)		DUE TO, OR AS A CONSEQUENCE OF: Interval between onset and death					
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I Diabetes Mellitus, Peripheral Vascular Disease						26. AUTOPSY (Specify Yes or No) No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes		28a. ACC. SUICIDE, HOMICIDE, UNDET. OR PENDING INVEST. (Specify)		28b. DATE OF INJURY (Mo/Day/Yr)		28c. HOUR OF INJURY	
28d. DESCRIBE HOW INJURY OCCURRED		28e. INJURY AT WORK (Specify Yes or No)		28f. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify)		28g. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE	

LOCAL REGISTRAR

"CERTIFIED TO BE A TRUE AND CORRECT COPY OF THE DOCUMENT ON FILE WITH THE REGISTRAR OF VITAL STATISTICS, STATE OF NEVADA." This copy was issued by the Southern Nevada Health District from State certified documents authorized by state Board of Health pursuant to NRS 440.175.

VR8-Rev-20120523a



241334

DATE ISSUED:

MAR 17 2016

Registrar of Vital Statistics

By: *[Signature]*

This copy not valid unless prepared on watermarked security paper displaying date, seal and signature of Registrar.
SOUTHERN NEVADA HEALTH DISTRICT • P.O. Box 3902 • Las Vegas, NV 89127 • 702-759-1010 • Tax ID # 88-0151573



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

000899

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH — SECTION OF VITAL STATISTICS
CERTIFICATE OF DEATH

LOCAL FILE NUMBER		STATE FILE NUMBER	
1. DECEASED—NAME First Middle Last Junbeth ALTMAN		2. DATE OF DEATH (Month, Day, Year) February 1, 2004	
3a. CITY, TOWN OR LOCATION OF DEATH Las Vegas		3b. HOSPITAL OR OTHER INSTITUTION—Name (If not other, give street and number) Mountainview Hospital	
3c. RACE—(e.g., White, Black, American Indian, etc.) (Specify) White		3d. SEX Female	
4. STATE OF BIRTH (If not U.S.A., name country) Michigan		5. DATE OF BIRTH (Mo., Day, Yr.) Jun 5, 1931	
6. CITIZEN OF WHAT COUNTRY U.S.A.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. SOCIAL SECURITY NUMBER		9. SURVIVING SPOUSE (If wife, give maiden name) Harold Altman	
10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Card Dealer / Retired		11. KIND OF BUSINESS OR INDUSTRY Casino	
12. RESIDENCE—STATE COUNTY CITY, TOWN, OR LOCATION STREET AND NUMBER INSIDE CITY LIMITS (Specify Yes or No) Nevada Clark Las Vegas 3719 Lipan Point St. No			
13. FATHER—NAME First Middle Last Benjamin Thail		14. MOTHER—MAIDEN NAME First Middle Last Sophie Leavitt	
15. INFORMANT—NAME (Type or Print) Lisa Clevenger - Daughter		16. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 2820 Chaucer St. Las Vegas NV 89135	
17. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		18. CEMETERY OR CREMATORY—NAME LOCATION City or Town State King David Cemetery Las Vegas, Nevada	
19. FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as) <i>[Signature]</i>		20. FUNERAL DIRECTOR LICENSE NUMBER NAME AND ADDRESS OF FACILITY 30 King David Memorial Chapel & Cemetery 2597 Eldorado Lane, Las Vegas, Nevada 89124	
21a. To be completed by CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) <i>[Signature]</i>		22a. To be completed by Coroner's Office On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) and manner stated. (Signature and Title) <i>[Signature]</i>	
21b. DATE SIGNED (Mo., Day, Yr.) 2/2/04		21c. HOUR OF DEATH 8:55 AM	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Sandeep Vijay MD		21e. PRONOUNCED DEAD (Mo., Day, Yr.) ON	
21f. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print). Sandeep Vijay MD 3150 N. Tenaya Las Vegas Nevada 89128		21g. LICENSE NUMBER 7526	
23a. REGISTRAR (Signature) <i>[Signature]</i>		23b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) FEB 03 2004	
24. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) Advanced metastatic Breast Cancer		25. DEATH DUE TO COMMUNICABLE DISEASE NO	
PART I (a) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
PART I (b) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
PART I (c) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part 1.		Interval between onset and death	
26. ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) 26a.		26. AUTOPSY (Specify Yes or No) No	
27. INJURY AT WORK (Specify Yes or No) 27a.		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No	
28. DATE OF INJURY (Mo., Day, Yr.) 28a.		28. DESCRIBE HOW INJURY OCCURRED 28d.	
29. HOUR OF INJURY 29a.		29. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 29b.	
30. LOCATION 30a.		30. STREET OR R.F.D. No. CITY OR TOWN STATE 30b.	

DECEDENT

PARENTS

DISPOSITION

CERTIFIER

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE OF DEATH

STATE REGISTRAR

No. 260582

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DATE ISSUED: **SEP 03 2019**

Register of Vital Statistics
By: *[Signature]*

SOUTHERN NEVADA HEALTH DISTRICT • P.O. Box 3902 • Las Vegas, NV 89127 • 702-759-1010 • Tax ID # 88-0151573

